## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50377

FILED Oct 05, 2008 Secretary of State

Entity Name: LABELLE FAMILY LIVESTOCK CLUB, INC.

our circ	rincipal Place of Business:	New Principal Pla	ce of Business:
HIGHWAY	RODEO GROUNDS 7 29 SOUTH 5, FL 33935 US		
Current Mailing Address:		New Mailing Address:	
	FICE BOX 2772 ;, FL 33975 US		
In accordan	r: 65-0370510 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei	•	Certificate of Status Desired ( ) s of New Registered Agent:
TINDALL, 2375 CAS	ANDREA		
	e named entity submits this statement for the purpose of Florida.	se of changing its registe	ered office or registered agent, or both
SIGNATU	RE: ANDREA TINDALL		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHAP	IGES TO OFFICERS AND DIRECTO
Title: Name:	P ( ) Delete ROSBOUGH, SHERRI	Title: Name:	() Change () Addition
	750 EVANS RD LABELLE, FL 33935	Address: City-St-Zip:	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:			()Change()Addition
City-St-Zip: Title: Name: Address:	LABELLE, FL 33935  V ( ) Delete EDGAR, CARRIE G 2830 MURRAY RD	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	LABELLE, FL 33935  V ( ) Delete EDGAR, CARRIE G 2830 MURRAY RD ALVA, FL 33920  S ( ) Delete ARCHER, BUFFY L 1150 TOM COKER RD SW	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	LABELLE, FL 33935  V () Delete EDGAR, CARRIE G 2830 MURRAY RD ALVA, FL 33920  S () Delete ARCHER, BUFFY L 1150 TOM COKER RD SW LABELLE, FL 33935  T () Delete TINDALL, ANDREA 2375 CASE ROAD	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA TINDALL T 10/05/2008